

Debtor 1	James Fitzgerald Bowyer		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Pennsylvania			
Case number	19-13113		

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1. 108 E. Mill Road

Street address, if available, or other description

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ 145,810.00 \$ 145,810.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
Joint tenant

Check if this is community property

Flourtown PA 19031

City State ZIP Code

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Montgomery County

County

Other information you wish to add about this item, such as local property identification number:

If you own or have more than one, list here:

1.2. Street address, if available, or other description

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

City State ZIP Code

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

County

Other information you wish to add about this item, such as local property identification number:

Check if this is community property
(see instructions)

<p>1. _____</p> <p>Street address, if available, or other description _____ _____ _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>County _____</p>	<p>What is the property? Check all that apply.</p> <p><input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex or multi-unit building <input type="checkbox"/> Condominium or cooperative <input type="checkbox"/> Manufactured or mobile home <input type="checkbox"/> Land <input type="checkbox"/> Investment property <input type="checkbox"/> Timeshare <input type="checkbox"/> Other _____</p> <p>Who has an interest in the property? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p>Other information you wish to add about this item, such as local property identification number:</p>	<p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i>.</p> <p>Current value of the entire property? Current value of the portion you own? \$ _____ \$ _____</p> <p>Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. _____</p> <p><input type="checkbox"/> Check if this is community property (see instructions)</p>
<p>2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. → \$ 145,810.00</p>		
<p>Part 2: Describe Your Vehicles</p> <p>Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on <i>Schedule G: Executory Contracts and Unexpired Leases</i>.</p> <p>3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles</p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>3.1. Make: <u>Jeep</u> Model: <u>Patriot</u> Year: <u>2011</u> Approximate mileage: <u>55000</u> Other information: Condition: Fair </p> <p>If you own or have more than one, describe here: 3.2. Make: _____ Model: _____ Year: _____ Approximate mileage: _____ Other information: </p>		
<p>Who has an interest in the property? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this is community property (see instructions)</p> <p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i>.</p> <p>Current value of the entire property? Current value of the portion you own? \$ 4,000.00 \$ 4,000.00</p> <p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i>.</p> <p>Current value of the entire property? Current value of the portion you own? \$ _____ \$ _____</p>		

Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$ _____

\$ _____

Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$ _____

\$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No

Yes

4.1. Make: _____

Model: _____

Year: _____

Other information:

Who has an interest in the property? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$ _____

\$ _____

If you own or have more than one, list here:

4.2. Make: _____

Model: _____

Year: _____

Other information:

Who has an interest in the property? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$ _____

\$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here ➔

\$ 4,000.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- No Major appliances, household furniture.
 Yes. Describe.....

\$ 2,500.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- No Televisions, laptops, cell phones, speakers, printer, DVDs
 Yes. Describe.....

\$ 1,500.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- No Painting, sports cards and collectibles
 Yes. Describe.....

\$ 500.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- No Sports and workout equipment
 Yes. Describe.....

\$ 500.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- No
 Yes. Describe.....

\$ 0.00

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- No Pants, shirts, jackets and shoes
 Yes. Describe.....

\$ 500.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

- No wedding band
 Yes. Describe.....

\$ 500.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

- No Two cats
 Yes. Describe.....

\$ 500.00

14. Any other personal and household items you did not already list, including any health aids you did not list

Health aids and non-electronic entertainment

- No
 Yes. Give specific information.....

\$ 500.00

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$ 7,000.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

Cash:

\$

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes.....

Institution name:

17.1. Checking account:	Fulton bank	\$ 0.00
17.2. Checking account:	Citadel Bank	\$ 0.00
17.3. Savings account:	TD Bank	\$ 6,891.47
17.4. Savings account:		\$ _____
17.5. Certificates of deposit:		\$ _____
17.6. Other financial account:	HSBC	\$ 0.00
17.7. Other financial account:	Wells Fargo	\$ 0.00
17.8. Other financial account:	MAT	\$ 0.00
17.9. Other financial account:	Chime	\$ 0.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes.....

Institution or issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No

Yes. Give specific information about them.

Name of entity:

% of ownership:

_____	%	\$ _____
_____	%	\$ _____
_____	%	\$ _____

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them.

Issuer name:

_____ \$ _____
_____ \$ _____
_____ \$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately. Institution name:

Type of account:

401(k) or similar plan: Vanguard \$ 20,000.00

Pension plan: _____ \$ _____

IRA: _____ \$ _____

Retirement account: _____ \$ _____

Keogh: _____ \$ _____

Additional account: Fox Rothschild 401k Plan \$ 14,000.00

Additional account: _____ \$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes..... Institution name or individual:

Electric: _____ \$ _____

Gas: _____ \$ _____

Heating oil: _____ \$ _____

Rental unit: _____ \$ _____

Prepaid rent: _____ \$ _____

Telephone: _____ \$ _____

Water: _____ \$ _____

Rented furniture: _____ \$ _____

Other: _____ \$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes..... Issuer name and description:

_____ \$ _____
_____ \$ _____
_____ \$ _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

_____	\$ _____
_____	\$ _____
_____	\$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

Yes. Give specific information about them.

_____	\$ 0.00
-------	---------

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them.

_____	\$ 0.00
-------	---------

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them.

_____	\$ 0.00
-------	---------

Money or property owed to you?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: \$ 0.00
State: \$ 0.00
Local: \$ 0.00

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.

Alimony: \$ 0.00
Maintenance: \$ 0.00
Support: \$ 0.00
Divorce settlement: \$ 0.00
Property settlement: \$ 0.00

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information.

_____	\$ 0.00
-------	---------

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company Company name:
of each policy and list its value....

Fox Rothschild Employee Life Insurance Policy

Beneficiary:

Jill Bowyer

Surrender or refund value:

\$ 0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information.....

\$ 0.00

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

\$ 0.00

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No

Yes. Describe each claim.....

\$ 0.00

35. Any financial assets you did not already list

No

Yes. Give specific information.....

\$ 0.00

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here →

\$ 49,399.66

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Yes. Go to line 38.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

No

Yes. Describe.....

\$

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describe.....

\$

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No

Yes. Describe.....

\$

41. Inventory

No

Yes. Describe.....

\$

42. Interests in partnerships or joint ventures

No

Yes. Describe..... Name of entity:

% of ownership:

%

\$

%

\$

%

\$

43. Customer lists, mailing lists, or other compilations

No

Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No

Yes. Describe.....

\$

44. Any business-related property you did not already list

No

Yes. Give specific information

\$

\$

\$

\$

\$

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here →

\$ 0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

Yes. Go to line 47.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No

Yes.....

\$

48. Crops—either growing or harvested

No

Yes. Give specific information.....

\$ _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No

Yes.....

\$ _____

50. Farm and fishing supplies, chemicals, and feed

No

Yes.....

\$ _____

51. Any farm- and commercial fishing-related property you did not already list

No

Yes. Give specific information.....

\$ _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here



\$ 0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No

Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here



\$ 0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2..... → \$ 145,810.00

56. Part 2: Total vehicles, line 5 \$ 4,000.00

57. Part 3: Total personal and household items, line 15 \$ 7,000.00

58. Part 4: Total financial assets, line 36 \$ 49,399.66

59. Part 5: Total business-related property, line 45 \$ 0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$ 0.00

61. Part 7: Total other property not listed, line 54 + \$ 0.00

62. Total personal property. Add lines 56 through 61..... \$ 60,399.66 Copy personal property total → + \$ 60,399.66

63. Total of all property on Schedule A/B. Add line 55 + line 62.....

\$ 206,209.66

Debtor 1

James Fitzgerald Bowyer

First Name

Middle Name

Last Name

Case number (if known) 19-13113

Continuation Sheet for Official Form 106A/B**17) Deposits of money**

Finn By Chance	\$0.00
Santander	\$0.00
Huntingdon Bank	\$0.00
TD Bank	\$8,508.19

Fill in this information to identify your case:

Debtor 1	James	Fitzgerald	Bowyer
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Pennsylvania			
Case number (If known)	19-13113		

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Brief description: <u>Real Estate</u>	\$ <u>145,810.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. sec. 55(2b)(2) _____
Line from <i>Schedule A/B</i> : <u>1.1</u>			
Brief description: <u>2001 Jeep Patriot</u>	\$ <u>4,000.00</u>	<input checked="" type="checkbox"/> \$ <u>4,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. sec. 55(2b)(2) _____
Line from <i>Schedule A/B</i> : <u>3.1</u>			
Brief description: <u>Household goods</u>	\$ <u>2,500.00</u>	<input checked="" type="checkbox"/> \$ <u>2,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. sec. 55(2b)(2) _____
Line from <i>Schedule A/B</i> : <u>6</u>			

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: Line from Schedule A/B: 7 Brief description:	Electronics - Televisions, laptops, cell phones, speakers, printer, DVDs \$ 1,500.00	<input checked="" type="checkbox"/> \$ 1,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(3)
Line from Schedule A/B: 8 Brief equipment description:	Collectibles of value - Painting, sports cards and collectibles \$ 500.00	<input checked="" type="checkbox"/> \$ 500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(3)
Line from Schedule A/B: 9 Brief description:	Sports and hobby equipment - Sports and workout equipment \$ 500.00	<input checked="" type="checkbox"/> \$ 500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(3)
Line from Schedule A/B: 11 Brief description:	Clothing - Pants, shirts, jackets and shoes \$ 500.00	<input checked="" type="checkbox"/> \$ 500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(3)
Line from Schedule A/B: 12 Brief description:	Jewelry - wedding band \$ 500.00	<input checked="" type="checkbox"/> \$ 500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(4)
Line from Schedule A/B: 21 Brief description:	Vanguard \$ 20,000.00	<input checked="" type="checkbox"/> \$ 20,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(12)
Line from Schedule A/B: Brief description:	Fox Rothschild 401k Plan \$ 14,000.00	<input checked="" type="checkbox"/> \$ 14,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(12)
Line from Schedule A/B: Brief description:	\$ _____ \$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: Brief description:	\$ _____ \$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: Brief description:	\$ _____ \$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: Brief description:	\$ _____ \$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case:

Debtor 1	James Fitzgerald Bowyer		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Pennsylvania			
Case number (If known)	19-13113		

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Wells Fargo Home Mortgage	\$ 317,544.00	\$ 145,810.00	\$ 171,734.00
Creditor's Name PO Box 10355	Describe the property that secures the claim: 108 E. Mill Road, Flourtown, PA 19031 - \$145,810.00		
Number Street			
Des Moines IA 50306	As of the date you file, the claim is: Check all that apply.		
City State ZIP Code	<input checked="" type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed		
Who owes the debt? Check one.	Nature of lien. Check all that apply.		
<input type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)		
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Judgment lien from a lawsuit		
<input checked="" type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other (including a right to offset) _____		
<input type="checkbox"/> Check if this claim relates to a community debt	Last 4 digits of account number		
Date debt was incurred _____			
2.2	Describe the property that secures the claim: \$ _____ \$ _____ \$ _____		
Creditor's Name			
Number Street			
City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
Who owes the debt? Check one.	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 2 only	Nature of lien. Check all that apply.		
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)		
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)		
<input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Judgment lien from a lawsuit		
Date debt was incurred _____	<input type="checkbox"/> Other (including a right to offset) _____		
Last 4 digits of account number			
Add the dollar value of your entries in Column A on this page. Write that number here: \$ 317,544.00			

Debtor 1 James Fitzgerald Bowyer
First Name Middle Name Last Name

Document Page 15 of 26 Case number (if known) 19-13113

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name _____
--------------------------	------------

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

<input type="checkbox"/>	City _____	State _____	ZIP Code _____
--------------------------	------------	-------------	----------------

<input type="checkbox"/>	Name _____
--------------------------	------------

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

<input type="checkbox"/>	City _____	State _____	ZIP Code _____
--------------------------	------------	-------------	----------------

<input type="checkbox"/>	Name _____
--------------------------	------------

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

<input type="checkbox"/>	City _____	State _____	ZIP Code _____
--------------------------	------------	-------------	----------------

<input type="checkbox"/>	Name _____
--------------------------	------------

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

<input type="checkbox"/>	City _____	State _____	ZIP Code _____
--------------------------	------------	-------------	----------------

<input type="checkbox"/>	Name _____
--------------------------	------------

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

<input type="checkbox"/>	City _____	State _____	ZIP Code _____
--------------------------	------------	-------------	----------------

<input type="checkbox"/>	Name _____
--------------------------	------------

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

<input type="checkbox"/>	City _____	State _____	ZIP Code _____
--------------------------	------------	-------------	----------------

Fill in this information to identify your case:

Debtor 1	James Fitzgerald Bowyer	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Last Name	
	First Name	Middle Name
United States Bankruptcy Court for the: Eastern District of Pennsylvania		
Case number (If known)	19-13113	

Check if this is an amended filing

Official Form 106E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1			
Priority Creditor's Name	Last 4 digits of account number	\$ _____	\$ _____
Number Street	When was the debt incurred?	\$ _____	
City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim:		
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Last 4 digits of account number	\$ _____	\$ _____
Priority Creditor's Name	When was the debt incurred?	\$ _____	
Number Street	As of the date you file, the claim is: Check all that apply.		
City State ZIP Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who incurred the debt? Check one.	Type of PRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?	<input type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All of Your NONPRIORITY Unsecured Claims

- 3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

- 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1

Capital One Bank	Total claim
Nonpriority Creditor's Name P.O. Box 30281 Number Street	Last 4 digits of account number 6215 When was the debt incurred? 09/04/2017 As of the date you file, the claim is: Check all that apply.
Salt Lake City UT 84130 City State ZIP Code	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt
<input type="checkbox"/> Check if this claim is for a community debt	
Is the claim subject to offset?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

4.2

Capital One Bank USA NA	Last 4 digits of account number 5825 When was the debt incurred? 07/30/2	\$ 1,310.00
Nonpriority Creditor's Name P.O. Box 30281 Number Street	As of the date you file, the claim is: Check all that apply.	
Salt Lake City UT 84130 City State ZIP Code	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.3

Nonpriority Creditor's Name Number Street	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply.	\$ _____
City State ZIP Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input type="checkbox"/> No <input type="checkbox"/> Yes		

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street _____

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code _____

Last 4 digits of account number _____

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street _____

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code _____

Last 4 digits of account number _____

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street _____

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code _____

Last 4 digits of account number _____

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street _____

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code _____

Last 4 digits of account number _____

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street _____

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code _____

Last 4 digits of account number _____

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street _____

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code _____

Last 4 digits of account number _____

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street _____

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code _____

Last 4 digits of account number _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ _____ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ _____ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ _____ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ _____ 0.00
	6e. Total. Add lines 6a through 6d.	6e. \$ _____ 0.00
		Total claim
Total claims from Part 2	6f. Student loans	6f. \$ _____ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ _____ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ _____ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ _____ 2,981.00
	6j. Total. Add lines 6f through 6i.	6j. \$ _____ 2,981.00

Fill in this information to identify your case:

Debtor	James Fitzgerald Bowyer		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the Eastern District of Pennsylvania			
Case number (if known)	19-13113		

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease			State what the contract or lease is for		
2.1	Name _____ Street _____ City _____ State _____ ZIP Code _____					
2.2	Name _____ Street _____ City _____ State _____ ZIP Code _____					
2.3	Name _____ Street _____ City _____ State _____ ZIP Code _____					
2.4	Name _____ Street _____ City _____ State _____ ZIP Code _____					
2.5	Name _____ Street _____ City _____ State _____ ZIP Code _____					

Fill in this information to identify your case:

Debtor 1	James Fitzgerald Bowyer		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Pennsylvania			
Case number (If known)	19-13113		

Check if this is an amended filing

Official Form 106H**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include

Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

- No
 Yes. In which community state or territory did you live? _____.

Name of your spouse, former spouse, or legal equivalent _____

Number Street _____

City State ZIP Code _____

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name _____

Street _____

City State ZIP Code _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

3.2

Name _____

Street _____

City State ZIP Code _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

3.3

Name _____

Street _____

City State ZIP Code _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	James Fitzgerald Bowyer		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Pennsylvania			
Case number (if known)	19-13113		

Check if this is:

An amended filing

A supplement showing postpetition chapter 13 income as of the following date:
MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	Legal Analyst	Nurse
Employer's name	Fox Rothschild LLP	Einstein Medical Center
Employer's address	2000 Market Street Number Street Philadelphia, PA 19103 City State ZIP Code	559 W. Germantown Pike Number Street E. Norriton, PA 190403 City State ZIP Code
How long employed there?	1.5 years	3.5 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 6,292.17	\$ 5,200.00
3. Estimate and list monthly overtime pay.	3. + \$ 0.00	+ \$ 200.00
4. Calculate gross income. Add line 2 + line 3.	4. \$ 6,292.17	\$ 5,400.00

Debtor 1

First Name Middle Name

Last Name

Document Page 23 of 26

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	<u>\$ 6,292.17</u>	<u>\$ 5,400.00</u>
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. <u>\$ 1,394.40</u>	<u>\$ 1,300.00</u>
5b. Mandatory contributions for retirement plans	5b. <u>\$ 0.00</u>	<u>\$ 0.00</u>
5c. Voluntary contributions for retirement plans	5c. <u>\$ 1,581.67</u>	<u>\$ 0.00</u>
5d. Required repayments of retirement fund loans	5d. <u>\$ 54.17</u>	<u>\$ 600.00</u>
5e. Insurance	5e. <u>\$ 248.82</u>	<u>\$ 600.00</u>
5f. Domestic support obligations	5f. <u>\$ 0.00</u>	<u>\$ 0.00</u>
5g. Union dues	5g. <u>\$ 0.00</u>	<u>\$ 0.00</u>
5h. Other deductions. Specify: Supp AD&PL, pre-tax transportati	5h. + <u>\$ 7.63</u>	+ <u>\$ 440.00</u>
	<u>\$ _____</u>	<u>\$ _____</u>
	<u>\$ _____</u>	<u>\$ _____</u>
	<u>\$ _____</u>	<u>\$ _____</u>
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. <u>\$ 3,286.68</u>	<u>\$ 2,940.00</u>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. <u>\$ 3,005.49</u>	<u>\$ 2,460.00</u>
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm	8a. <u>\$ 0.00</u>	<u>\$ 0.00</u>
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
8b. Interest and dividends	8b. <u>\$ 0.00</u>	<u>\$ 0.00</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c. <u>\$ 0.00</u>	<u>\$ 0.00</u>
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		
8d. Unemployment compensation	8d. <u>\$ 0.00</u>	<u>\$ 0.00</u>
8e. Social Security	8e. <u>\$ 0.00</u>	<u>\$ 0.00</u>
8f. Other government assistance that you regularly receive	8f. <u>\$ 0.00</u>	<u>\$ 0.00</u>
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____		
8g. Pension or retirement income	8g. <u>\$ 0.00</u>	<u>\$ 0.00</u>
8h. Other monthly income. Specify: _____	8h. + <u>\$ 0.00</u>	+ <u>\$ 0.00</u>
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <u>\$ 0.00</u>	<u>\$ 0.00</u>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. <u>\$ 3,005.49</u> + <u>\$ 2,460.00</u>	<u>= \$ 5,465.49</u>
11. State all other regular contributions to the expenses that you list in Schedule J.		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + <u>\$ 0.00</u>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12. <u>\$ 5,465.49</u>	
13. Do you expect an increase or decrease within the year after you file this form?	<input checked="" type="checkbox"/> No.	
	<input type="checkbox"/> Yes. Explain: _____	
Combined monthly income		

Fill in this information to identify your case:

Debtor 1	James Fitzgerald Bowyer	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the:	Eastern District of Pennsylvania	
Case number (If known)	19-13113	
	(State)	

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:
 MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.

Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

No

Do not list Debtor 1 and Debtor 2.

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 2,800.00

If not included in line 4:

- 4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

4a. \$	0.00
4b. \$	50.00
4c. \$	2,032.00
4d. \$	0.00

Debtor 1 James Fitzgerald Bowyer
 First Name Middle Name Last Name

Case number (if known) 19-13113

		Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5. \$ <u>0.00</u>
6. Utilities:		
6a.	Electricity, heat, natural gas	6a. \$ <u>300.00</u>
6b.	Water, sewer, garbage collection	6b. \$ <u>125.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>125.00</u>
6d.	Other. Specify: _____	6d. \$ <u>0.00</u>
7.	Food and housekeeping supplies	7. \$ <u>1,000.00</u>
8.	Childcare and children's education costs	8. \$ <u>0.00</u>
9.	Clothing, laundry, and dry cleaning	9. \$ <u>200.00</u>
10.	Personal care products and services	10. \$ <u>250.00</u>
11.	Medical and dental expenses	11. \$ <u>8,003.00</u>
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>455.00</u>
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>1,000.00</u>
14.	Charitable contributions and religious donations	14. \$ <u>0.00</u>
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. \$ <u>0.00</u>
15b.	Health insurance	15b. \$ <u>0.00</u>
15c.	Vehicle insurance	15c. \$ <u>166.00</u>
15d.	Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b.	Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c.	Other. Specify: Additional Car Payments	17c. \$ <u>177.00</u>
17d.	Other. Specify: _____	17d. \$ <u>0.00</u>
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>
19.	Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	20a. \$ <u>0.00</u>
20b.	Real estate taxes	20b. \$ <u>0.00</u>
20c.	Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d.	Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e.	Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

Debtor 1 James Fitzgerald Bowyer
First Name Middle Name Last Name

Case number (if known) 19-13113

21. Other. Specify: Attorney Registration

Gwynedd Nurse Practitioner Tuition

Vermont Master of Laws Tuition

21.	+\$	20.00
	+\$	500.00
	+\$	716.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 17,919.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.

22b. \$
22c. \$ 17,919.00

23. Calculate your monthly net income.

23a. Copy line 12 (*your combined monthly income*) from Schedule I.

23a. \$ 5,465.49

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 17,919.00

23c. Subtract your monthly expenses from your monthly income.

23c. \$ -12,453.51

The result is your *monthly net income*.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: